10 Key Steps to Implementing an HIV Testing Program: Successful Program Management and Quality Assurance

SEATEC, Emory University
1. One Person Is In Charge

- **One staff person** should manage the testing program; she/he may or may not manage testing QA.

- **One staff person** (plus a back-up, if possible) should coordinate testing QA.

- Testing QA requires ongoing processes to ensure testing protocols are being followed.

Adapted from M. Lampe, CDC, 2009
2. Develop Protocol(s) Before Startup

- Decide whether to implement *laboratory-based* or *point-of-contact* testing.

- Once you’ve decided, select which *testing product* best suits your agency needs.
3. Find Your Testing Program Partners

- Confirm a relationship with a laboratory to process your confirmatory specimens.

- Confirm agreements with HIV clinics for linkage to care for new positives. Consider linkages for high-risk negatives.

- Assign responsibility for reporting HIV positive results to your state health department in accordance with law/policy.
4. Train Testing Staff and Their Supervisors

- All staff members (reception, etc.) should be included in a **general orientation** to your testing program.

- Train and update **testers and supervisors**. Add more training based on performance and on staff turnover. Standard operating procedures (SOPs) help assure that everyone adheres to the protocol.

- Key skillsets: pre-test discussion, consent, specimen collection and processing, giving test results, documentation, and linkage to care.
5. Assign Staff to Specific Steps

- Who will actually counsel, test and process specimens?
- Who will give negative, preliminary and/or confirmed positive test results?
- Who will advise/consult on medical issues?
Accurate documentation is key for quality program management.

Internal documentation includes record-keeping for supply inventory, shelf life, storage temperature log, testing and results, confirmatory specimens, linkage to care, and HIPAA.

Confidentiality of test results is crucial or you will lose the trust of your patients/clients.
7. Practice Universal Precautions

- Standard Precautions policy in HIV testing is no different than in any other situation involving blood and body fluids.

- Adopt an agency needlestick policy that includes post-exposure prophylaxis (PEP) for potential exposure to HIV, and train all testing staff.
8. Assure Patient Education

- Consider culture and reading level when selecting materials. Assure that all materials have consistent messages.

- Provide counselors with discussion checklists to assure consistency.

- FDA requires that patients be given product information pamphlets if HIV testing is done following a point-of-care protocol.
9. Assure Linkage to Care

- Confirm formal agreements with HIV treatment clinics/agencies that will accept your referrals of newly-diagnosed patients. *Don’t begin testing until linkages are in place!*

- Give patients with a confirmed HIV diagnosis clear direction on “what happens next.”

- Follow up on patients. Linkage to care is a component of testing QA.
Run a pilot (limited by time period, location, shift, etc.) to uncover gaps in your testing program.

Change your HIV testing protocol and re-train staff as needed, based on the pilot and/or your ongoing quality assurance monitoring.
SEATEC is the regional AIDS Education and Training Center for health care workers in Alabama, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee. We are located at the Emory University School of Medicine in Atlanta, and have been serving the Southeast since 1988.

To request training:
www.seatec.emory.edu
404-727-2929